Patient details

Date	:	19-Dec-2024 / 9:00PM - 9:15PM
Doctor	:	Enomen Goodluck(General)
Reg # / Patient Name	:	34096 / WASANTHA KUMARA DON SENDANAYAKE
Mobile #	:	0556745749
Gender / DOB/Age	:	Male / 07-Sep-1982
Nationality	:	Sri Lankan
Insurance / Card#	:	FMC Standard Network / I019-010-115402310-01
EMID #	:	784-1982-7354393-8

Photo Not Available

Medical Record details

Complaints

Complaints

PC: Fever, generalized body pains, weakness with prostration (unable to stand and walk unaided).

Associated cough that is productive of black sputum.

has chest pain, pain in throat and nasal congestion.

also has headache.

Not hypertensive and not diabetic.

Vital Signs

Temperature	: 38	**BPS**	: 87	**BPD**	:	**Pulse**	: 89	**Height**	: 169 cm	**Weight**	: 76 kg
BMI	: 26.60971 bpm	**Respiratory**	: 18 bpm	**SpO2**	: 94%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
19-Dec-2024	Enomen Goodluck	R06.00	Dyspnea, unspecified	
19-Dec-2024	Enomen Goodluck	R05	Cough	

Date	Doctor	ICD Code	Diagnosis	Notes
19-Dec-2024	Enomen Goodluck	E86.0	Dehydration	
19-Dec-2024	Enomen Goodluck	R50.9	Fever, unspecified	
19-Dec-2024	Enomen Goodluck	J20.9	Acute bronchitis, unspecified	
19-Dec-2024	Enomen Goodluck	J22	Unspecified acute lower respiratory infection	

Treatments

Start Time	End Time	CPT Code	Treatment	Teeth No	Surface	Notes
20:57:39	08:58:00	96372	THER/PROPH/DIAG INJ SC/IM	NA	NA	
08:58:00	09:12:00	96375	TX/PRO/DX INJ NEW DRUG ADDON	NA	NA	for dexamethasone
00:00:00	00:00:00	94640	AIRWAY INHALATION TREATMENT	NA	NA	
00:00:00	00:00:00	9	Consultation Gp	NA	NA	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
OTRIVIN (ADULT) / (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS XYLOMETAZOLINE HYDROCHLORIDE [0.1%] / NASAL DROPS (10ML, BOTTLE) / Drops	Take 2Drops 2 Time(s) per Day For 5 Day(s) others	5	1	
FLUTAB / (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS ORAL / FILM COATED TABLETS (20S, BLISTER PACK / Tablets	Take 1Tablets 2 Time(s) per Day For 10 Day(s) after meal	10	20	
IBULIFE 400 / (IBUPROFEN : 400 MG TABLETS ORAL / TABLETS (24S, BLISTER PACK / Tablets	Take 1Tablets 3 Time(s) per Day For 5 Day(s) after meal	5	15	
AMYDRAMINE - II / (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE) DIPHENHYDRAMINE [12.5 MG/5ML] / SYRUP (SUGAR FREE) (120ML, BOTTLE) / ML	Take 10ML 2 Time(s) per Day For 7 Day(s) after meal	7	1	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) after meal	7	14	
GUPISONE 5MG / (PREDNISOLONE : 5 MG TABLETS ORAL / TABLETS (20S, BLISTER PACK / Tablets	Take 2Tablets 1Time(s) perDay For 7 Day(s) after meal	7	14	

Doctor Signature & Stamp :